

6-01-04

PATENT

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Attorney Docket No.: A-68970-1/DJB/RMS/DCF (469249-00154)

Express Mail Label No. EV 298966983 US

Date of Deposit: May 28, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

FAN *et al.*

Examiner: FORMAN, Betty J.

Group Art Unit: 1634

Serial No.: 09/785,514

Filing Date: February 16, 2001

For: **PARALLEL GENOTYPING OF MULTIPLE
PATIENT SAMPLES**

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to Office Action in the above-referenced application.

The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment	(Col. 2) Minus	(Col. 3) Highest Previously Paid for	(Col. 4) Present Extra	SMALL ENTITY RATE	FEE	OTHER THAN SMALL ENTITY RATE	FEE
TOTAL CLAIMS	44	—	44	0	x 9 =	\$0	x 18 =	\$0
INDEP. CLAIMS	6	—	4	2	x 43 =	\$86	x 86 =	\$0
[] Multiple Dependent Claim Presented and Fee Not Previously Paid					+145 =	\$0	+290 =	\$0
* If the entry in Col. 1 is less than the entry in Col. 3, type "0" in Col. 4.					TOTAL:	\$86	TOTAL:	\$0

** If the "Highest Number Previously Paid For" in this space is less than 20, type "20" in this space.

[] No additional fee is required.

[✓] Our Check No. _____ in the amount of \$86.00 for extra claims is enclosed.

[✓] Also enclosed is/are: 1) Return Receipt Postcard.

[] Please charge the above-calculated fee in the amount of \$_____ to Deposit Account No. 50-2319, referencing Order No. _____.

[✓] Please charge any additional fees, including extension fees, or credit any overpayment to Deposit Account No. 50-2319, referencing Order No. A-68970-1/DJB/RMS/DCF (469249-00154).

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Respectfully submitted,

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Attorney for Applicant(s)

Filed under 37 C.F.R. §1.34(a)



PATENT

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RESPONSE TO OFFICE ACTION

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir:

The following is in response to the Office Action mailed March 11, 2004. The response is submitted on or before June 11, 2004, making this a timely response. The Commissioner is authorized to charge any additional fees, which may be required, or credit any overpayment to Deposit Account No. 50-2319 (Our Order No. A-68970-1/RMS/DCF/NHT (469249-00154)).

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

SF-1136253_1